

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097000004 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
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50						
TOTAL IND.	4					
TOTAL DEP.	26					
TOTAL CLAIMS	30					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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